

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15058

State File No.

FILED MAY 9 1944  
Registration District No. 1944

Primary Registration District No.

4267

Registrar's No.

18

## 1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Odessa  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 Yrs. (Specify whether years, months or days)  
In this community 35 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William F. Barnes

3. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florence Barnes 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased July 9, 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Davis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer11. Industry or business /

12. Name Thos. C. Barnes  
13. Birthplace Owen Co., Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Miriam Barthberry  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Barnes  
(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Apr. 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Cemetery

18. (a) Signature of funeral director R. E. Heiman  
(b) Address Odessa, Mo.

19. (a) May 1-1944 (b) Mrs. W. F. Baker  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Odessa 7  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. / (If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from March 1944 to April 22, 1944

that I last saw him alive on April 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Sclerosis Duration 98 1/2

Due to Coronary Artery Sclerosis

Due to 98 1/2

Other conditions Semiprobable and  
(Include pregnancy within 3 months of death)  
Advanced Arteriosclerosis

Major findings: /  
Of operations /

Of autopsy no autopsy

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accident  
(b) Date of occurrence /

(c) Where did injury occur? /  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work / Means of injury /

23. Signature W. F. Baker (M.D. or other) /  
Address Odessa Mo Date signed 4-26-44

RECEIVED

District Health Officer No. 8,

District File Number

Case Filed

58-44

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*Irving R. Heisman*

Licensed Embalmer No.

7841

P. O. Address

*Adrian, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.